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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155524 |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING  |  | X3) DATE SURVEY<br>COMPLETED<br>05/02/2014 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>HEALTH CENTER AT GLENBURN HOME |   |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 W GLENBURN ROAD<br>LINTON, IN 47441  |  |  |  |
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| F000000  | <p>This visit was for the Investigation of Complaint IN00147121.</p> <p>Complaint IN00147121 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: April 30, May 1, &amp; 2, 2014</p> <p>Facility number: 000230<br/>Provider number: 155524<br/>AIM number: 100275000</p> <p>Survey team:<br/>Diana McDonald, RN-TC</p> <p>Census bed type:<br/>SNF: 9<br/>SNF/NF: 117<br/>Total: 126</p> <p>Census payor type:<br/>Medicare: 15<br/>Medicaid: 83<br/>Other: 28<br/>Total: 126</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> |  | F000000             | <p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The plan of Correction is prepared and submitted because of the requirements under state and federal law.</p> |  |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F000323<br>SS=G  | <p>Quality review completed on May 12, 2014; by Kimberly Perigo, RN.</p> <p>483.25(h)<br/>FREE OF ACCIDENT<br/>HAZARDS/SUPERVISION/DEVICES<br/>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to apply an assistive device to prevent an accident for 1 of 3 residents reviewed for accidents in that a mobility alarm had not been applied, which resulted in a fall with injury. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on at 04/30/2014 at 12:30 p.m. Resident #A's diagnoses include, but were not limited to dementia, hypertension, anxiety, diverticulitis, depression, coronary artery disease, hip fracture repair, hysterectomy, and history of colon cancer.</p> |  | F000323             | <p>F323SS=G. It is the intention of this facility to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. CorrectiveAction(s) to be accomplished for those residents found to have been affected by the deficient practice; Action taken for resident # A; It was noted on form CMS2567 that no care plan was available for falls. The D.O.N. did in fact present an interdisciplinary Care Plan for falls dated 3/14/2014 on resident # A to the surveyor during her visit. An updated Fall Risk Assessment has been completed on Resident # A. A medication review was completed for Resident #A by the facility consulting pharmacist. Dysem</p> |  | 05/21/2014                                 |  |

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|  | <p>Resident #A's Brief Interview for Mental Status (BIMS) score dated 3/05/2014, was a 3; which indicated she had severe cognitive/thinking skills impairment. She was dependent on nursing staff for daily decision making.</p> <p>The Minimum Data Set (MDS) assessment dated 3/05/2014, indicated Resident #A was an extensive assistance of staff to transfers between surfaces and she did not ambulate/walk on her own.</p> <p>Resident #A's fall risk assessment dated 3/05/14, was scored at 13. If the total score is 10 or greater, the resident should be considered at high risk for potential falls. A prevention protocol should be initiated immediately and documented on the care plan. No care plan available for falls.</p> <p>Physician's order dated 9/13/2012, and remained current at time of survey indicated, "Check placement and function of seatbelt ... every shift."</p> <p>On 5/01/2014 at 2:45 p.m. the DoN provided a copy of the seatbelt manufacture's information. Review of the information indicated, "seat belt alarm [a sound to alert staff a resident is attempted to self ambulate]."</p> |  | <p>was placed in Resident # A's broda chair.C.N.A. # 1 was interviewed and immediately suspended pending an investigation of the incident. It was determined that C.N.A. # 1had been hired at Glenburn Home on 1/22/1014 and had no previous disciplinary action during this tenure.C.N.A. #1 received personal re-education regarding the importance of safety devices before returning to provide resident care. The self-releasing seat belt placement is being monitored while the resident is up in the broda chair. <b>Other residents having the potential to be affected and corrective actions:</b> All residents who require assistive devices for safety have the potential to be affected. Two other residents who have the same type of device in use were re-evaluated to determine the most effective safety interventions to preventfalls or accidents. Applicable physician orders were reviewed, and care plans were updated as deemed appropriate. <b>Measures to be put into place or systemic changes that will be made to assure the deficient practice does not recur.</b> Facility policy related to self-releasing safety devices has been reviewed and revised to ensure all aspects of accident prevention are addressed. All staff was educated regarding self-releasing seatbelts. All nursing staff will be required to attend mandatory safety in</p> |  |  |  |  |

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|  | <p>Interview on 5/1/2014 at 12:30 p.m., with LPN #1 indicated Resident #A fell to the floor in the morning on March 29, 2014. "I was doing my morning medications and ____ [Resident #A's name] was in her Broda Chair [a medical chair designed to provide comfort and support for individuals with muscle control and muscle support difficulties] between the activity table and tv on the wall. ____ [Resident #A's name] had a blanket on and I could not see the seat belt. I heard someone make on 'OH' sound and I turned to see ____ [Resident #A's name] on the floor. I called for a nurse stat and other staff called the EMTs [Emergency Medical Technicians] and fire department. ____ [Resident #A's name] was very vibrant and wide awake that day. The person who gets ____ [Resident #A's name] up in the morning puts the alarming seat belt on. That morning it was ____ [CNA #1's name] who should have put the seat belt on ____ [Resident #A's name].</p> <p>Interview on 5/2/2014 at 12:37 p.m., with CNA #1 indicated, "I got ____ [Resident #A's name] up and fed her breakfast. After I cleaned up breakfast, I pushed her chair into the table and went to give another resident a shower. I did not put her seat belt on. I heard about the fall after I had completed the shower with</p> |  | <p>servicing on May 19th or May 20th 2014. <b>This corrective action will be monitored by:</b> One of the following; Unit managers, D.O.N., weekend charge nurse or other appointed designee will audit TARs daily to ensure placement of self-releasing seat belts is monitored and documented. Daily audits will continue for thirty days, then 3 times per week for thirty days, then once per week for thirty days. Unit Managers will verify belt placement through surveillance rounds three times per week for three months. Audit results will be reviewed by the QA Committee, and further correction actions taken as deemed necessary. The Committee will determine the frequency of on-going audits based upon compliance history.</p> |  |  |  |  |

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|  | <p>the other resident."</p> <p>Progress notes date 3/29/2014 thru 4/3/2014 indicated at 9:45 a.m., on 3/29/2014 Resident #A was observed on her left side on floor with a small amount of blood on the floor by her head. An assessment was completed, the doctor was called, and the son was called and updated. The resident was placed on a backboard with left arm being stabilized was then transported to hospital.</p> <p>Record review on 4/30/2014 at 1:30 p.m., of local acute care hospital History and Physical dated 3/29/2014 indicated, "The patient is a 77 year old female who sat up and fell out of her wheelchair at the extended care facility today. She was brought to the hospital and x-ray preformed and she was found to have a left distal humerus fracture [upper arm bone] and was transferred here for orthopedic care for fracture. The patient does have a dressing over her left eye brow area. It does have some bloody drainage, most likely from the laceration [irregular flesh tear] that she sustained during her fall today..."</p> <p>On 5/01/2014 at 1:29 p.m., the DoN provided a copy of CNA #1's Nursing Employee Counseling Report dated 3/31/2014. Review of the report</p> |  |  |  |                            |  |  |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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|  | <p>indicated, "On 3/29/2014 ... at some point during the morning you provided a.m. care for _____ [Resident #A's name]. As part of her care you transferred her from her bed into her Broda chair. ... At some point ... you did not apply _____ [Resident #A's name] self-releasing seatbelt. This resulted in _____ [Resident #A's name] falling from her Broda chair without an alarm alerting staff. ... _____ Resident #A's name] sustained a fracture to her left humerus and was hospitalized. ... It is unacceptable to refrain from following any and all precautions put in place to maintain the safety of the residents ..."</p> <p>This Federal tag relates to Complaint IN00147121.</p> <p>3.1-45(a)(2)</p> |  |  |  |  |  |                            |